

This benefit summary is intended to help you compare coverage and benefits and is a summary only. For a more detailed description of coverage, benefits, and limitations, including any related exclusions not contained in this benefit summary, please contact the health care service plan or health insurer and consult the individual plan's evidence of coverage. The comparative benefit summary is updated annually, or more often if necessary to be accurate. The most current version of this comparative benefits summary is also available on healthnet.com. However, the plan may simply provide a link to this website and the DMHC's version of this matrix. You may contact the Department of Managed Health Care at (888) HMO-2219 for further assistance regarding the matrix.

Plan Name Health Net of California, Inc.	Plan Contact Phone Number Health Net Member Services 1-800-224-8808
Coverage summary	
Eligibility requirements	<p>You are eligible to enroll in the Post-MRMIP Graduate Product if you meet any of the following criteria:</p> <ul style="list-style-type: none"> • Apply for coverage within 63 days of the termination date of previous coverage under the MRMIP and have had continuous coverage under the MRMIP for a period of 36 consecutive months, or • Have been enrolled in a post-MRMIP standard benefit plan and move to an area within the state that is not in the service area of the plan or insurer you previously selected and you apply for coverage within 63 days of termination of previous coverage, or • Have been enrolled in a post-MRMIP standard benefit plan that is no longer available where you reside and apply for coverage within 63 days of the termination date of the previous coverage • Plans may decline coverage if you are eligible for parts A and B of Medicare at the time of application and are not enrolled in Medicare solely due to end stage renal disease. <p>Dependent Coverage-The following dependents may also be enrolled: Subscriber's spouse, Subscriber or spouse's unmarried children; dependent children over age 23 incapable of self-sustaining employment due to certain disabilities. (Consult the Plan's Evidence of Coverage for further information as availability of dependent coverage varies).</p>
The full premium cost if each benefit package in the service area in which the individual and eligible dependents work or reside	Premiums charged by plans vary by region and age of subscribers. See Post-MRMIP Graduate Product Rate Chart on this website.
When and under what circumstances benefits cease	<p>Coverage may be terminated by the Plan under the following circumstances:</p> <ul style="list-style-type: none"> • Loss of eligibility by Subscriber or enrolled dependents, including (1) Subscriber or dependent(s) move out of the Plan's service area (Please contact the Plan for further details regarding the process for selection of a different Post-MRMIP Graduate Product under such circumstances) or out of California or (2) Enrolled dependents no longer meet eligibility requirements. • Termination of Plan type by Plan in which Subscriber or dependents is enrolled (Please contact the Plan for further details regarding the process for selection of a different Post-MRMIP Graduate Product under such circumstances) • Non-payment of subscription charges • Fraud or material misrepresentation <p>(This list represents a general summary. Please consult the Plan's Evidence of Coverage for specific details regarding causes for termination by the Plan).</p>
The terms under which coverage may be renewed	<p>Coverage under the Plan shall continue, except under the following circumstances:</p> <ul style="list-style-type: none"> • Loss of eligibility by Subscriber or by enrolled Dependents • Non-payment of subscription charges • Fraud or material misrepresentation • Termination of plan type by Plan in which Subscriber or dependents is enrolled (Please contact the Plan's Evidence of Coverage for further details regarding the process for selection of a different Post-MRMIP Graduate Product under such circumstances) • Subscriber moves out of the service area

Other coverage that may be available if benefits under the described benefit package cease	Subject to medical review, if you continue to reside in the Health Net Individual HMO service area you may apply for coverage under a Health Net Individual and Family HMO plan or if you move outside the Health Net HMO Service area you may apply for coverage under a Health Net Life PPO insurance plan. Enrollment in these plans is subject to underwriting approval.
The circumstances under which choice in the selection of physicians and providers is permitted	When you enroll in this Plan, you must select a Health Net contracting Physician Group where you want to receive all of your medical care. The contracting Physician Group will provide or authorize all medical care. You may change your contracting Physician Group at any time. The Elect Open Access plan allows members to self-refer within the Physician Group for Well Woman services and for Elect Open Access Specialist visits.

Coverage Summary

Lifetime and annual maximums	\$ 200,000 annual maximum/ \$ 750,000 lifetime maximum	
Deductibles	NONE	

Benefit Summary

(*1)

		Co-payments	Limitation Copayment maximum \$2,500/covered person and \$4,000/family
Professional Services	Physician office visits, including , but not limited to preventive care, immunizations, screenings and diagnostic visits.	\$15 copay per office visit	To personal Physician or Plan Specialist on referral from Personal Physician
		Open Access Specialist: \$30 copay per office visit	An office visit, examination or other consultation with a Plan Specialist in the same Medical Group or IPA as the member's Personal Physician but without referral from the Personal Physician
		\$25 copay per physician home visit per member	

Outpatient Services	Outpatient services, including, but not limited to, surgery and treatment, and diagnostic procedures.	\$15 per visit or surgery	
Hospitalization Services	Inpatient and outpatient services, including but not limited to room and board and supplies. Inpatient hospital services by physicians and surgeons.	\$200 copay per inpatient day No charge	
Emergency Health Coverage	Emergency room services at contracted and non-contracted facilities for medically necessary emergencies.	\$25 copay per incident, waived if admitted (Hospitalization copays apply)	
Benefit Summary Cont.		Co-payments	Limitation
Ambulance Services	Emergency ambulance transport. Transportation as medically necessary.	No Charge	

Prescription Drug Benefits	Medically necessary drugs prescribed by a physician.	Generic Retail \$10.00 Mail-Order \$10.00 Brand Retail \$15.00 Mail-Order \$20.00	Retail: Limited to a 30-day supply Mail: Limited to a 60-day supply
Durable Medical Equipment	Home medical equipment, including, but not limited to, oxygen, parenteral and enteral nutrition, colostomy supplies, corrective prosthetics and aids, and diabetic supplies.	20% copay	Routine maintenance and repair due to damage are not covered, and HMO rental charges in excess of purchase price are not covered.
Mental Health Services	Inpatient and outpatient mental health services, including, but not limited to, mental health parity services(**2) for serious mental disorders and severe emotional disturbances for children.	\$200 copay per inpatient day	10 days each calendar year except for severe mental illness and serious emotional disturbances in children which are not limited.
		\$15 copay per visit outpatient	Up to 15 visits per calendar year except for severe mental illness and serious emotional disturbances in children which are not limited.
Residential treatment	Transitional residential recovery services.	Not covered	
Chemical Dependence Services	Substance abuse treatment or rehabilitation. Medically necessary inpatient substance abuse medical detoxification is covered.	\$200 copay per inpatient day	
	Substance abuse treatment or rehabilitation on an Inpatient, Partial Hospitalization or Outpatient basis.	Not Covered	
Home Health Services	Home health and hospice care services (***) Medically necessary visits by home health personnel	\$10 copay for non-physician home health personnel	100 visits per calendar year
	Hospice care for members diagnosed as having a terminal illness with a life expectancy of twelve months or less	\$50 per day	If it is a medically appropriate and more cost-effective plan of treatment

Benefit Summary Cont.		Co-payments	Limitation
Custodial care and skilled nursing facilities	Skilled nursing care and skilled nursing facilities services.	\$50 per day	As medically necessary in lieu of hospitalization. 100 days per calendar year, except when received through a Hospice Program provided by a Participating Hospice Agency Custodial care is not covered

(*1) Percentage co-payments represent a percentage of actual cost. In a PPO, percentage co-payments for services provided by non-participating providers are a percentage of usual, customary or reasonable rates or billed charges whichever is less, and enrollees are also responsible for any excess amount.

(**2) Health Plans in California are required by law to provide certain mental health services according to the same terms and conditions as other similar medical benefits. Please contact the individual plan for further information regarding the conditions subject to mental health

(***3) Hospice benefits are available through the plan. Please consult plan's Evidence of Coverage.